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SERIAL NUMBER 10/647,789	FILING OR 371(c) DATE 08/25/2003 RULE	CLASS 424	GROUP ART UNIT 1614	ATTORNEY DOCKET NO. 05061447
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**APPLICANTS**

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**\*\* CONTINUING DATA \*\*\*\*\***

This application is a CIP of 09/790,199 02/20/2001 PAT 6,610,271 which is a CIP of 09/569,125  
 05/10/2000 ABN

**\*\* FOREIGN APPLICATIONS \*\*\*\*\*****IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\***

\*\* 11/18/2003

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY	SHEETS DRAWING	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after	KY	5	25	5
Verified and Acknowledged	<i>[Signature]</i> <i>[Initials]</i>	Allowance Examiner's Signature Initials			

**ADDRESS**

26565

**TITLE**

Intranasal opioid compositions

FILING FEE RECEIVED 831	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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